



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Client's Rights
	Sub Section:	Cultural Competency
	Section Number:	02.01.04
	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised

	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>11/6/19</u>

SUBJECT: MHP and DMC-ODS Provider Directory

PURPOSE:

To ensure that Medi-Cal Mental Health Plan (hereby referred to as Orange MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) beneficiaries receive and or have access to a Provider Directory that includes alternatives and options for cultural / linguistic services.

POLICY:

All beneficiaries receiving behavioral health services from the County of Orange Health Care Agency (HCA) Behavioral Health Services (BHS) will receive and/or have access to a copy of the appropriate Provider Directory.

SCOPE:

This policy pertains to all Orange MHP and DMC-ODS County and County contracted clinicians, Plan Coordinators, student interns and volunteers providing services within the Orange MHP and DMC-ODS programs.

REFERENCES:

[MHSUDS Information Notice: 18-020 Federal Provider Directory Requirements for Mental Health Plans \(MHPs\) and Drug Medi-Cal Organized Delivery System \(DMC-ODS\) Pilot Counties](#)

[Department of Mental Health Information Notice No: 02-03 - Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services Cultural Competency Plan Requirements](#)

County of Orange Health Care Agency, Behavioral Health Services, Cultural Competency Plan Update 2018

[Mental Health Plan Intake/Advisement Checklist \(F346-753\)](#)

[Drug Medi-Cal Organized Delivery System \(DMC-ODS\) Intake/Advisement Checklist \(F346-791\)](#)

PROCEDURES:

- I. Provider Directory Requirements
 - A. The Orange MHP and DMC-ODS Provider Directory shall be made available in electronic form and paper form upon request.
 - B. Both the Orange MHP and DMC-ODS Provider Directories are available in the threshold languages and comply with the language and format requirements outlined in 42 CFR §438.10(d).
 1. Information is presented in a manner and format that is easily understood and readily accessible;
 2. Include taglines in the prevalent non-English languages in the State explaining the availability of free written translation or oral interpretation services to understand the information provided;
 3. Use 12 point or larger font size for all text;
 4. Include a large print tagline (18 point font or larger) and information on how to request auxiliary aids and services, including the provision of materials in alternative formats, at no cost to the beneficiary; and,
 5. Include the toll-free and TTY / TDY or California Relay Service telephone number for the Orange MHP and DMC-ODS customer service unit (i.e., 24 hours, 7 days per week toll-free telephone number).
 - C. The Orange MHP and DMC-ODS Provider Directory is monitored monthly for accuracy and includes the following information for licensed, waived, or registered mental health providers and licensed substance use disorder services providers employed by the Orange MHP and DMC-ODS or County Contracted providers who provide Medi-Cal services.
 - D. Orange MHP and DMC-ODS Provider Directories includes:
 1. The provider's name and group affiliation, if any;
 2. Provider's business address (e.g., physical location of the clinic or office);
 3. Telephone number(s);
 4. Email address, as appropriate;
 5. Website URL, as appropriate;
 6. Specialty, in terms of training, experience and specialization, including board certification (if any);

7. Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);
 8. Tagline statement regarding needing to contact the provider to verify if they are accepting new beneficiaries.
 9. The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender);
 10. The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office; and,
 11. Whether the provider's office / facility is Americans with Disabilities Act (ADA) compliant.
- E. In addition to the information listed above, the Provider Directory also includes the following information for each rendering provider:
1. Type of practitioner, as appropriate;
 2. National Provider Identifier number;
 3. California license number and type of license; and,
 4. An indication of whether the provider has completed cultural competence training.
- F. The following notation is included in both the Orange MHP and DMC-ODS Provider Directory:
- "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."
- II. The staff shall give the appropriate version of the Provider Directory to all beneficiaries at the time of admission and shall be made available upon request to any beneficiary or their active representative. The Provider Directory shall be available in all threshold languages as well as in paper form and electronically via the Orange County internet webpage.
 - III. The person to whom the request for a Provider Directory is made shall be responsible to ensure the beneficiary, family member or significant others receives the appropriate Provider Directory.
 - IV. For every newly admitted beneficiary, the admitting staff shall document the provision or offer of the appropriate Provider Directory on the appropriate Intake/Advisement Checklist.